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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/027,878
Filing Date	10/26/2002
First Named Inventor	McLister
Art Unit	2161
Examiner Name	
Attorney Docket Number	

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number

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The reasons for this request are:

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	William Flynn				
Address	8371 Crabapple Ct.				
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Signature				Registration No.	30,941
Date	9/29/04			Telephone No.	

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